

State of California

Department of Health Services Information and Education Program School Agreement Form

I, undersigned, as an official representative of the county office of education/school district/school (circle one) listed below, do hereby agree to allow _____, if successful
(Agency Name and/or Subcontractor Name)

in receiving funding under one the Information & Education Program, to conduct program activities at my school(s), beginning July 1, 2003 through June 30, 2004.

I have reviewed the proposed project and/or curriculum and have received the necessary approval to have it presented to students or other individuals within my jurisdiction.

I, on behalf of my agency, agree that the prospective Information and Education Program grant can serve:

Estimated total number of participants per year: _____

Age or grade level: _____

Name of school sites: _____

Yes No I agree to allow the above agency to deliver the proposed project/curriculum.

Yes No I agree that participant data, including ethnicity and grade level, can be collected.

Yes No I agree that the above mentioned agency can administer any Information and Education Program evaluation pre/post surveys.

_____ Agency Name

_____ Phone Number

_____ E-Mail Address

_____ Address: Street/City/Zip Code

_____ Name and Title of Agency Official (Please print or type)

_____ Signature of Agency Official

_____ Date